

**HOUSEHOLD GOODS CARRIER
 PERMIT APPLICATION**



RECEIVED

APR 13 2004

Type of Household Goods Authority Requested - Check one	Fee Required
<input type="checkbox"/> Emergency temporary authority (to meet an urgent need for up to thirty days) - Complete pages 1 - 5 and Attachment E	\$ 50
<input checked="" type="checkbox"/> Temporary authority (to meet a short-term need) - Complete pages 1 - 5 and Attachment A	\$ 250
<input checked="" type="checkbox"/> Permanent authority (at least six months must be served on a temporary provisional basis) - Complete pages 1 - 5 and Attachment A	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control resulting in a change in ownership or controlling interest (at least six months must be served on a temporary provisional basis) - Complete pages 1 - 5 and Attachment B	\$ 550
<input type="checkbox"/> Permanent authority to transfer or acquire control under the exceptions in WAC 480-15-260 - Complete pages 1 - 5 and Attachments B & C	\$ 250
<input type="checkbox"/> Reinstatement of permit (must be filed within 30 or 60 days of cancellation, depending on criteria set forth in WAC 480-15-460) - Complete pages 1 - 2 and include a statement justifying the reinstatement	\$ 250
<input type="checkbox"/> Name Change - Complete page 1 and Attachment D	\$ 35
<input type="checkbox"/> Extension of authority - Complete pages 1 - 5 and Attachment A	\$ 550

WASH. UT. & P. COMM.
Need to refund

TYPE OF PAYMENT

Check Money Order Amex Discover Mastercard Visa

Expiration Date: _____ Amount: _____

CERTIFICATION: I, the undersigned, under penalty for false statement, certify that the following information is true and correct, that I am authorized to execute and file this document on behalf of the applicant, and that all information on file is current and valid.

Name (printed): Mickelle Brooks Date: 4/9/04
 Signature: [Signature] Title: V.P.

FOR OFFICIAL USE ONLY

Date Filed: <u>4/13/04</u>	Application #: <u>P-79274</u>	Motcar: <u>42583</u>	Permit Issued: HG- <u>613860</u>
Staff Assigned: <u>[Signature]</u>	Insurance: <u>[Signature]</u>	Inspection:	DOL/SOS: <u>[Signature]</u>
Reception #: <u>0006529</u>	111-0268-207-02 800.00	111-0268-202-01	111-0268-013-20

4/14/04 Requested Refund of \$550 **PAGE 1** *TV-040671*

BUSINESS INFORMATION

Name of Applicant Boots Inc.
(must be individual, partners of a partnership, or corporation)

Trade Name, if applicable Brooks A.A Moving

Physical Address 14931- 22nd Ave W Lynnwood, WA 98037

Mailing Address Same

Telephone Number (425) 742-0139 Fax Number (425) 742-0169

UBI # 602-206-823 Email: AABROOKS@67@AOL.COM

TYPE OF BUSINESS STRUCTURE

Individual Partnership Corporation Other _____
(LP, LLP, LLC)

List the name, title, and percentage of partner's share or stock distribution for major stockholders:

Name	Title	Stock Distribution or Percentage of Shares
Hong Brooks	Pres	40%
Michelle Brooks	V.P	40%
Boyd Ballard	Board	5%
Chris Gardner	Board	5%
Nick Sanchez	Board	5%
Eric Miles	Board	5%

Choose one of the following for the territory in which you wish to operate:

All counties in the State of Washington *per phone call w/ Michelle 5/4/04*
 The following named counties only: Snohomish, King w/in 35 miles of Lynnwood (Local)

Describe the services you wish to provide. Explain how your services will enhance customer choice, promote competition, or fill an unmet need for service: Local Household moving. This will enhance customer choice by adding an honest company priced at the lower end of the WA market. Providing well trained safe movers to local moves.

Briefly describe your experience in the transportation/household goods moving industry:
Hong Brooks has 15 years experience in the moving industry. He started as a mover for small local companies moved up to district then sales and is now looking forward to ownership of a lightweight moving company.

Do you currently hold, or have you ever held, a permit to operate as a motor carrier of property?
 No Yes If yes, please indicate your permit number: _____

Have you ever applied for and been denied a permit to operate as a motor carrier of property?
 No Yes If yes, please explain: _____

Do you currently operate interstate? No Yes If yes, please indicate your:
 DOT# _____ MC# _____ Single State Registration Base State _____

Do you operate interstate as an agent of another company? No Yes If yes, what is the name of the company? _____

Do you have, or have you ever had a business related legal proceeding against you in Washington, or in any other state? No Yes If yes, please explain: _____

Have you ever been convicted of a Class A or B Felony? No Yes If yes, please explain: _____

Have you been cited for violation of state laws or Commission rules? No Yes If yes, please explain: _____

<i>Schedule L Attached</i> FINANCIAL STATEMENT You may attach a Balance Sheet, Profit and Loss Statement, or business plan if available			
ASSETS		LIABILITIES	
Cash in Bank	\$	Salaries/Wages Payable	\$
Notes Receivable	\$	Accounts Payable	\$
Accounts Receivable	\$	Notes Payable	\$
Investments	\$	Mortgages Payable	\$
Other Current Assets	\$	Other	\$
Prepaid Expenses	\$	TOTAL LIABILITIES	\$
Land and Buildings	\$	NET WORTH	
Trucks and Trailers	\$	Preferred Stock	\$
Office Furniture	\$	Common Stock	\$
Other Equipment	\$	Retained Earnings	\$
Other Assets	\$	Capital	\$
TOTAL ASSETS	\$	TOTAL LIABILITIES & NET WORTH	\$

EQUIPMENT LIST

Describe the equipment that will be used (attach additional sheets if necessary). Vehicles must pass inspection and be issued a valid Commercial Vehicle Safety Alliance inspection decal before your application may be granted.

Year	Make	License Number	Vehicle ID Number	Gross Vehicle Weight
98	GMC		16J7H1D7WJ850636	26,000
99	GMC	A251275	16DJ7H1D7XJ852779	26,000

SAFETY AND OPERATIONS

In each of the categories shown below, list the person and position responsible for understanding and complying with the Federal Motor Carrier Safety Regulations (FMCSR) and Washington State Laws and rules. Please refer to the WAC rules, Fact Sheets, and publication "Your Guide to Achieving a Satisfactory Safety Rating" for assistance with requirements that may apply to your specific operations.

SAFETY RESPONSIBILITIES

COMMERCIAL DRIVERS LICENSE (CDL) REQUIREMENTS (Title 49, Code of Federal Regulations Part 383) Any driver who operates a vehicle that meets the definition of a commercial motor vehicle must have a valid CDL.

Name: Michelle Brooks Position: VP

DRIVER QUALIFICATION REQUIREMENTS (Title 49, Code of Federal Regulations Part 391) Driver's must meet minimum qualification requirements and each company must maintain driver qualification files for each driver.

Name: Michelle Brooks Position: UP

DRIVERS HOURS OF SERVICE (Title 49, Code of Federal Regulations Part 395) Drivers must maintain logs and each company must maintain true and accurate hours of service records for each driver.

Name: MR Position: UP

CONTROLLED SUBSTANCES AND ALCOHOL TESTING (Title 49, Code of Federal Regulations Part 382 & Part 40) Any person who drives a commercial motor vehicle requiring a CDL must be in a Controlled Substance and Alcohol Testing program that complies with the FMCSR in 49 CFR Part 382 and 49 CFR Part 40.

Name: MR Position: UP

Each company will have in place a system for complying with FMCSR governing alcohol and controlled substances testing requirement (49 CFR Part 382 and 49 CFR Part 40)

VEHICLE INSPECTION, REPAIR, AND MAINTENANCE (Title 49, Code of Federal Regulations Part 396) Companies must ensure that each motor vehicle operated is regularly inspected, repaired, and maintained.

Name: MR Position: UP

INSURANCE REQUIREMENTS (WAC 480-15-530) All companies must file and maintain proof of public liability and property damage insurance covering vehicles operated. (\$300,000 minimum coverage for vehicles under 10,000 pounds GVWR and \$750,000 minimum coverage for vehicles 10,000 pounds GVWR or more)

Name: MR Position: UP

CARGO INSURANCE REQUIREMENTS (WAC 480-15-550) All companies must maintain cargo insurance coverage. (\$10,000 for household goods transported in motor vehicles under 10,000 pounds GVWR and \$20,000 for vehicles 10,000 pounds GVWR or more)

Name: MR Position: UP

Note: The corporation is not required to complete Schedules L and M-1 if question 9 of Schedule B is answered "Yes."

Schedule L Balance Sheets per Books		Beginning of tax year		End of tax year	
Assets		(a)	(b)	(c)	(d)
1	Cash		14,947		179
2 a	Trade notes and accounts receivable				
b	Less allowance for bad debts				
3	Inventories				
4	U.S. Government obligations				
5	Tax-exempt securities				
6	Other current assets (attach schedule)				
7	Loans to shareholders				
8	Mortgage and real estate loans				12,954
9	Other investments (attach schedule)				
10 a	Buildings and other depreciable assets	14,688		31,775	
b	Less accumulated depreciation	14,688		31,775	
11 a	Depletable assets				
b	Less accumulated depletion				
12	Land (net of any amortization)				
13 a	Intangible assets (amortizable only)				
b	Less accumulated amortization				
14	Other assets (attach schedule)				
15	Total assets		14,947		4,053
Liabilities and Shareholders' Equity					17,186
16	Accounts payable				
17	Mortgages, notes, bonds payable in less than 1 year				
18	Other current liabilities (attach schedule)				
19	Loans from shareholders				
20	Mortgages, notes, bonds payable in 1 year or more		9,024		22,938
21	Other liabilities (attach schedule)				
22	Capital stock				
23	Additional paid-in capital		500		500
24	Retained earnings				
25	Adjustments to shareholders' equity (attach schedule)		5,423	(6,252)
26	Less cost of treasury stock				
27	Total liabilities and shareholders' equity		14,947		17,186

Schedule M-1 Reconciliation of Income (Loss) per Books With Income (Loss) per Return				
1	Net income (loss) per books	-11,675	5	Income recorded on books this year not included on Schedule K, lines 1 through 6 (itemize):
2	Income included on Schedule K, lines 1 through 6, not recorded on books this year (itemize):		a	Tax-exempt interest \$
3	Expenses recorded on books this year not included on Schedule K, lines 1 through 11a, 15g, and 16b (itemize):		6	Deductions included on Schedule K, lines 1 through 11a, 15g, and 16b, not charged against book income this year (itemize):
a	Depreciation \$ 9,737		a	Depreciation \$
b	Travel and entertainment \$ 1,938		7	Add lines 5 and 6
4	Add lines 1 through 3	11,675	8	Income (loss) (Schedule K, line 23). Line 4 less line 7

Schedule M-2 Analysis of Accumulated Adjustments Account, Other Adjustments Account, and Shareholders' Undistributed Taxable Income Previously Taxed (see page 29 of the instructions)			
	(a) Accumulated adjustments account	(b) Other adjustments account	(c) Shareholders' undistributed taxable income previously taxed
1	Balance at beginning of tax year	5,423	
2	Ordinary income from page 1, line 21	7,350	
3	Other additions		
4	Loss from page 1, line 21		
5	Other reductions	(19,025)	
6	Combine lines 1 through 5	(6,252)	
7	Distributions other than dividend distributions		
8	Balance at end of tax year. Subtract line 7 from line 6	(6,252)	

OPERATIONAL RESPONSIBILITIES

ANNUAL REPORTS and REGULATORY FEES (WAC 480-15-480) Companies must annually file a report of their financial operations and pay regulatory fees.

Name: MB Position: UP

STATE OF WASHINGTON – general laws, rules and regulations: Individuals and companies doing business in the state of Washington must comply with the regulations of local, state, and federal agencies. Please state the name and position of the person in your organization who will be responsible for ensuring compliance with the laws of the state of Washington, such as, but not limited to: Department of Labor and Industries (industrial insurance, safety, prevailing wage); Department of Licensing (vehicle and drivers licenses, business licensing, Unified Business Identifier (UBI number), fuel permits, fuel tax); Secretary of State (corporate registrations); Department of Transportation (over-size or over-weight permits); Department of Revenue and Internal Revenue Service (taxes); and Employment Security.

Name: MB Position: UP

DECLARATION OF APPLICANT:

*I understand that filing this application **does not** in itself constitute authority to operate as a household goods mover.*

As the applicant for a household goods permit, I understand the responsibilities of a motor carrier, and I am in compliance with all local, state, and federal regulations governing businesses, including household goods movers, in the state of Washington.

I understand that if the Commission grants my application as a new entrant I will be granted temporary authority to provide service as a household goods carrier on a provisional basis for at least six months. During this time, the Commission will evaluate whether I have met the criteria in WAC 480-15-330 to obtain permanent authority. I also understand that I must comply with all conditions placed on my temporary permit and that failure to do so will result in cancellation of my permit.

I certify or declare under penalty of perjury under the laws of the State of Washington that the information contained in this application is true and correct.

Boots Inc
Print name of applicant

[Signature] UP
Signature of Applicant

4/9/04
Date & Place

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

Applicant Name:

Boots Inc. DBA Brooks A&A Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name:

BRENDA HARTMAN

Address (include street address, mailing address, city, state, zip, and county):

1017 20th St Snohomish, WA 98290
Snohomish County

Phone Number:

360-568-7176

Do you currently need the services of a residential household goods moving company?

No Yes If yes, please describe your current moving needs:

NEED All Household moving

Do you anticipate a future need for the services of a residential household goods moving company?

No Yes If yes, please describe your future moving needs:

move alot, need lots of moving help

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

Good company honest, good business person

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

Good hard working people, do a great job.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

Brenda Hartman
Signature of Person Completing Form

4-11-04 Snohomish
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

Applicant Name: Boots Inc DBA Brooks A&A Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: David Shaw

Address (include street address, mailing address, city, state, zip, and county):
23432 39th PL.W
Brier, WA, 98036

Phone Number: 425-788-4113

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
Too move parents.

Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes If yes, please describe your future moving needs:

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:
Lower cost for moving in my community

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.
David Shaw 4-8-04 Brier, WA
Signature of Person Completing Form Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

Applicant Name: Boots Inc. DBA Brooks A&A Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Michelle Brooks Brooks A&A Moving

Address (include street address, mailing address, city, state, zip, and county):
4931 22nd Ave W
Lynnwood WA 98037

Phone Number: 425-787-6232

Do you currently need the services of a residential household goods moving company?
 No Yes If yes, please describe your current moving needs:
We see every day the need for a honest well priced customer service oriented moving company

Do you anticipate a future need for the services of a residential household goods moving company?
 No Yes If yes, please describe your future moving needs:
about 1/4 of our local population relocates every year.

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:
my family would be able to employ local people at fair wages which promotes our economy

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?
we are an honest family looking to make an honest living.

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.

[Signature]
Signature of Person Completing Form

4/10/04 Lynnwood
Date and Location

ATTACHMENT A

HOUSEHOLD GOODS STATEMENT OF SUPPORT

Permit applications must include at least three shipper and/or public statements supporting the proposed household goods moving service. Shipper statements may come from persons and/or organizations with a need for household goods moving services, or who support the applicant's request for a permit to provide those services. These forms may be copied by the applicant as needed.

Applicant Name:

Boots Inc. DBA Brooks A&A Moving

The following must be completed by the Supporter of the applicant

Name, Title, and Business Name: Mike Haltror

Address (include street address, mailing address, city, state, zip, and county):

1017 20th Snohomish WA 98290

Phone Number: 360 568-2176

Do you currently need the services of a residential household goods moving company?

No Yes If yes, please describe your current moving needs:

I need a household mover

Do you anticipate a future need for the services of a residential household goods moving company?

No Yes If yes, please describe your future moving needs:

YES in the future I need to move

Briefly describe how granting this company a permit to provide household goods moving services in Washington State will benefit you, your business, and/or your community:

I can call them up and move

Is there anything else the Commission should consider when making a determination about this company's application for a household goods permit?

we need more permitted movers

I certify (or declare) under penalty of perjury under the laws of the state of Washington that the foregoing is true and correct.


Signature of Person Completing Form

4-10-04
Date and Location

KEITH AKINS

State Farm Insurance

Auto-Life-Health-Home and Business

512 91st Ave NE, Suite A

Everett, WA 98205

Office (425) 334-9454

Fax (425) 334-9455

FACSIMILE TRANSMITTAL SHEET

To: Michelle Boot From: Keith

Fax: 425-742-0169 Date: 4-8-04

Phone #: _____ Total pages incl. Cover: _____

Cert of Ins.

Let me know if you need any thing else

**Thanks,
Keith Akins**

*This will also be sent to
you by State Farm
MK*

SUCH INSURANCE AS RESPECTS THE INTEREST OF THE CERTIFICATE HOLDER WILL NOT BE CANCELED OR OTHERWISE TERMINATED WITHOUT GIVING 10 DAYS PRIOR WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED BELOW, BUT IN NO EVENT SHALL THIS CERTIFICATE BE VALID MORE THAN 90 DAYS FROM THE DATE WRITTEN. THIS CERTIFICATE OF INSURANCE DOES NOT CHANGE THE COVERAGE PROVIDED BY ANY POLICY DESCRIBED BELOW.

This certifies that: STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY of Bloomington, Illinois, or STATE FARM FIRE AND CASUALTY COMPANY of Bloomington, Illinois

has coverage in force for the following Named Insured as shown below:

Named Insured

Brooks, Michelle / Brooks Moving, INC

Address of Named Insured

14931 22nd Ave W
Lynnwood, WA 98037

POLICY NUMBER	0469217	0500845		
EFFECTIVE DATE OF POLICY	4-8-04	4-8-04		
DESCRIPTION OF VEHICLE	98 GMC 6500 1GDT7H1A7N1852636	99 GMC 1GDT7H1D7X1862179		
LIABILITY COVERAGE	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
LIMITS OF LIABILITY				
a. Bodily Injury Each Person	750,000	750,000		
Each Accident	750,000	750,000		
b. Property Damage Each Accident	750,000	750,000		
c. Bodily Injury & Property Damage Single Limit Each Accident				
PHYSICAL DAMAGE COVERAGES	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
a. Comprehensive	\$ 250 Deductible	\$ 250 Deductible	\$ _____ Deductible	\$ _____ Deductible
b. Collision	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 500 Deductible	<input checked="" type="checkbox"/> YES <input type="checkbox"/> NO \$ 500 Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____ Deductible	<input type="checkbox"/> YES <input type="checkbox"/> NO \$ _____ Deductible
EMPLOYER'S NON-OWNERSHIP COVERAGE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
HIRE CAR COVERAGE	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO

[Signature]
Signature of Authorized Representative
Name and Address of Certificate Holder

WA. U.T.C.
1300 S. Evergreen Pk. Dr. SW.
PO Box 47250
Olympia, WA 98504-7250

[Signature] Agent
Title
472780 Agent's Code Number
4-8-04 Date
Name and Address of Agent

.....

Brooks A&A Moving

RECEIVED

April 10, 2004

APR 13 2004

WASH. UT. & TP. COMM.

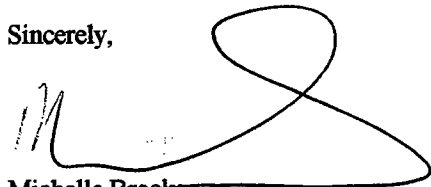
UTC
Carolyn A Caruso
Compliance Specialist

Dear Madam:

I would like to apologize for the delay of our application. We have purchased two moving trucks (they have not been lettered with "Brooks A&A Moving") but we would like to put them to work doing household moving as well as continuing office moves, box delivery and packing. A little information for you Hong Brooks is a former employee of Mike the Mover who was quite upset at him when he left Mike's employment. He was told of our plans to soon become a competitor and has done everything in his power to distort the truth and send every agency against our company. We have been thru quite a bit to get to this point and are very excited for the future.

We would like to be fully cooperative with your process of obtaining our permit and would like guidance in gaining compliance. I have read thru the WAC that was sent to us as well as the handbook. We believe our insurance is up to date, which State Farm will send you information on as well as a faxed copy has been enclosed. Your completed application is enclosed as well as enclosed a check for \$800 for a temporary authority as well as the process of a permanent permit. If there is anything further we can provide please let us know and we will follow your directive in a quick and proficient manor. The state DOT has inspected our trucks but we understand there may be a second inspection? Once again we thank you for your time and patience we are excited as well as anxious for this process.

Sincerely,



Michelle Brooks
Brooks A&A Moving

PS

We will be out of town April 12, 2004 –April 21, 2004. If there is a need to contact us we will be available after April 21.

.....

INQR UTL024P1 MASTER LICENSE SERVICE 04/13/04
BUSINESS ENTITY INQUIRY 15:03:27

UBI: 602 206 823 001 0001 State of Inc: WA Loc Status: A
Type: PROFIT CORPORATION Date of Inc: 05 20 2002 Corp Status: A

Owner Name: BOOTS, INC.

Reg. Agent: HONG P BROOKS

Reg. Address: 14931 22ND AVE W
LYNNWOOD WA 98037

Exp. Date: 05 31 2004

Total Shares authzd:

Total Shares issued:

Firm Name : BOOTS, INC.

Loc: 14931 22ND AVE W
LYNNWOOD WA 98037

Mail: 14931 22ND AVE W
LYNNWOOD WA 98037

Phone: (425) 787-6232

Registered Tradenames for this UBI? Yes

RFI: No NSF: No

Location First Activity: 07 01 2002

RFP: No Withhold: No

Last License Issue: 10 10 2002

TRANSFER: _____ {Press <ENTER> for Endorsements List}

Enter-PF1---PF2---PF3---PF4---PF5---PF6---PF7---PF8---PF9---PF10---PF11---PF12---

GLIST APLST UBIQ SERV TRDU INQA

INQR MMENU

BOOTS, INC.
BROOKS A&A MOVING
14931 22ND AVE W
LYNNWOOD WA 98037

DETACH BEFORE POSTING



STATE OF
WASHINGTON

MASTER LICENSE SERVICE
PO Box 9034 • Olympia, WA 98507-9034 • (360) 664-1400
REGISTRATIONS AND LICENSES

DOMESTIC PROFIT CORPORATION

Unified Business ID #: 602 206 823
Business ID #: 1
Location: 1

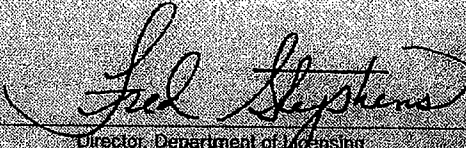
BOOTS, INC.
BROOKS A&A MOVING
14931 22ND AVE W
LYNNWOOD WA 98037

TAX REGISTRATION
INDUSTRIAL INSURANCE

UNEMPLOYMENT INSURANCE

REGISTERED TRADE NAMES:
A & A MOVING
A&A MOVING
BROOKS MOVING
BROOKS A&A MOVING

The licensee named above has been issued the business registrations or licenses listed. By accepting this document the licensee certifies the information provided on the application for these licenses was complete, true, and accurate to the best of his or her knowledge, and that business will be conducted in compliance with all applicable Washington state, county, and city regulations.


Director, Department of Licensing



BINDER RECEIPT

Pending issuance and delivery of a policy pursuant to the application of the insured and to all the terms and conditions of the policy issued by the company, and in consideration of the application for insurance and \$ _____ the receipt of which is hereby acknowledged, the

- STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
- STATE FARM FIRE AND CASUALTY COMPANY
- STATE FARM INDEMNITY COMPANY
- STATE FARM GENERAL INSURANCE COMPANY
- STATE FARM COUNTY MUTUAL INSURANCE COMPANY OF TEXAS

Does hereby insure BOOTS INC. Brooks AFA

Address 14931 22nd Ave W Lynnwood, WA 98037-6342
with loss payable to:

GMAC
PO Box 2525
Hudson, OH 44236-0025

(Or assignee, as such interest may appear on automobiles described below)

Year <u>1999</u>	Make & Model <u>Gmc</u>	Body Type <u>Box</u>	Vehicle Identification Number (VIN) <u>1GDU7H1D7XJ852779</u>
---------------------	----------------------------	-------------------------	---

--- Fold ---

For coverages indicated:

FULL COMPREHENSIVE

State Farm Insurance
612 - 91st Ave. N.E. Suite A
Everett, WA 98205
Off. (425) 334-9454
Hm. (425) 334-7392

LIABILITY (BIPD) 750,000.00 COMPREHENSIVE \$ 250.00 Ded. COLLISION \$ 500.00 Ded.
and such other insurance as is shown on the application.

Effective April 30, Year 2004, expiring not to exceed thirty (30) days hence and to become void immediately upon the issuance of a policy in place hereof.

Edward R. ... PRESIDENT

Countersigned this 30 day of April, Year 2004 Tom Wolfe by
Tom Wolfe
Authorized Representative LSA-4



BINDER RECEIPT

Pending issuance and delivery of a policy pursuant to the application of the insured and to all the terms and conditions of the policy issued by the company, and in consideration of the application for insurance and \$ _____ the receipt of which is hereby acknowledged, the

- STATE FARM MUTUAL AUTOMOBILE INSURANCE COMPANY
- STATE FARM FIRE AND CASUALTY COMPANY
- STATE FARM INDEMNITY COMPANY
- STATE FARM GENERAL INSURANCE COMPANY
- STATE FARM COUNTY MUTUAL INSURANCE COMPANY OF TEXAS

Does hereby insure BOOTS INC - Brooks A & A

Address 14931 22nd Ave W Lynnwood, WA 98037-6342
with loss payable to:

GMAC
PO Box 2525
Hudson, OH 44236-0025

Or assigns, as such interest may appear on automobile described below:

Year	Make & Model	Body Type	Vehicle Identification Number (VIN)
1998	Gmc 6500	Box	1GDU7HIP7WT850636

— Fold

Fold —

For coverages indicated:

State Farm Insurance
512 - 51st Ave. N.E. Suite A
Everett, WA 98205
Off. (425) 334-9454
Hm. (425) 334-7332

FULL COMPREHENSIVE

LIABILITY (BIPD) 750,000.⁰⁰ COMPREHENSIVE \$ 250.⁰⁰ Ded. COLLISION \$ 500.⁰⁰ Ded.
and such other insurance as is shown on the application.

Effective April 30, Year 2004, expiring not to exceed thirty (30) days hence and to become void immediately upon the issuance of a policy in place hereof.

Edward J. Hart PRESIDENT

Countersigned this 30 day of April, Year 2004 Tom Wolfe by Debra Authorized Representative



Tina Leipski/WUTC
05/03/2004 02:10 PM

To: Licensing Services, Business Practices, Transportation Special Investigators, Bonnie Allen/WUTC@WUTC
cc: Carolyn Caruso/WUTC@WUTC
Subject: NEW HHG APPLICATION

We have an application for permit to transport household goods in the State of Washington from:

Boots, Inc.
d/b/a Brooks A&A Moving
14931 22nd Ave W.
Lynnwood, WA 98037
425-742-0139

This is a corporation with the following breakdown of stockholders:

	Hong Brooks	Pres	40%	Chris
Gardner		Board	5%	
	Michelle Brooks	VP	40%	Nick
Sanchez		Board	5%	
	Boyd Ballard	Board	5%	Eric
Miles		Board	5%	

COMPLIANCE: There is one notation in the Compliance Database regarding this carrier. Mike the Mover contacted the Commission to make us aware that this company was an illegal.

Also, they are asking for the following counties: Snohomish, King within 35 miles of Lynnwood

If you have any concerns or need more information regarding this carrier, just let me know.

Thanks!!! Tina

FROM: Washington Utilities and Transportation Commission
Transportation Operations
PO Box 47250 Phone: (360) 664-1222
Olympia, WA 98504-7250 Fax: (360) 586-1181

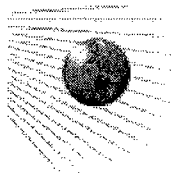
Date: 04-14-2004 Staff: Tina Leipski

TO: P079274
BOOTS, INC.
BROOKS A & A MOVING
14931 22ND AVE W
LYNNWOOD, WA 98037

Return this document with the completed/corrected items listed below for prompt processing of your application for operating authority.

- X Obtain a Uniform Motor Carrier Certificate of Insurance (Form E) from your insurance company. The insurance must show your name EXACTLY as it is shown above.

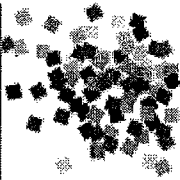
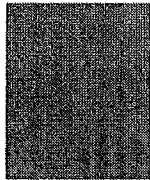
- X You also need to register your trade name of "Brooks A & A Moving" with the Department of Licensing since it is not currently registered. If you have any questions, feel free to contact me at (360) 664-1170. Thanks! Tina



Carlene Hughes/WUTC
05/03/2004 02:35 PM

To: Tina Leipski/WUTC@WUTC
cc
bcc
Subject: Re: NEW HHG APPLICATION

We don't issue permits for only parts of counties (e.g. King within 35 miles of Lynnwood) do we?
Tina Leipski/WUTC



Tina Leipski/WUTC
05/03/2004 02:10 PM

To: Licensing Services, Business Practices, Transportation, Special Investigators, Bonnie Allen/WUTC@WUTC
cc: Carolyn Caruso/WUTC@WUTC
Subject: NEW HHG APPLICATION

We have an application for permit to transport household goods in the State of Washington from:

Boots, Inc.
d/b/a Brooks A&A Moving
14931 22nd Ave W.
Lynnwood, WA 98037
425-742-0139

This is a corporation with the following breakdown of stockholders:

Hong Brooks	Pres	40%	Chris
Gardner	Board	5%	
Michelle Brooks	VP	40%	Nick
Sanchez	Board	5%	
Boyd Ballard	Board	5%	Eric
Miles	Board	5%	

COMPLIANCE: There is one notation in the Compliance Database regarding this carrier. Mike the Mover contacted the Commission to make us aware that this company was an illegal.

Also, they are asking for the following counties: Snohomish, King within 35 miles of Lynnwood

If you have any concerns or need more information regarding this carrier, just let me know.

Thanks!!! Tina



Bonnie Allen/WUTC
05/04/2004 08:35 AM

To Tina Leipski/WUTC@WUTC

cc

bcc

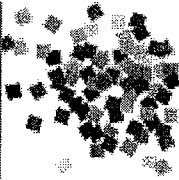
Subject Re: NEW HHG APPLICATION

I have no additional information about this applicant. Also, authority can be limited to the county level, but no less than a county.

Recommend grant with normal conditions.

Bonnie L. Allen, Regulatory Analyst
PHONE 360-664-1226 FAX 360-586-1130
ballen@wutc.wa.gov

Washington Utilities & Transportation Commission
PO Box 47250
Olympia, WA 98504-7250
Tina Leipski/WUTC



Tina Leipski/WUTC
05/03/2004 02:10 PM

To: Licensing Services, Business Practices, Transportation Special Investigators, Bonnie Allen/WUTC@WUTC
cc: Carolyn Caruso/WUTC@WUTC
Subject: NEW HHG APPLICATION

We have an application for permit to transport household goods in the State of Washington from:

Boots, Inc.
d/b/a Brooks A&A Moving
14931 22nd Ave W.
Lynnwood, WA 98037
425-742-0139

This is a corporation with the following breakdown of stockholders:

Hong Brooks	Pres	40%	Chris
Gardner	Board	5%	
Michelle Brooks	VP	40%	Nick
Sanchez	Board	5%	
Boyd Ballard	Board	5%	Eric
Miles	Board	5%	

COMPLIANCE: There is one notation in the Compliance Database regarding this carrier. Mike the Mover contacted the Commission to make us aware that this company was an illegal.

Also, they are asking for the following counties: Snohomish, King within 35 miles of Lynnwood

If you have any concerns or need more information regarding this carrier,
just let me know.

Thanks!!! Tina

14931 22nd AVE W
Lynnwood, WA 98037

.....

Brooks A&A Moving

April 30, 2004

UTC
Tina Leipski

Dear Madam:

Thank you, for your time in assisting our company in receiving our permit. I have enclosed the requested documentations along with the original letter you had sent. Please call or contact us for any further steps in completing this process.

Sincerely,



Michelle Brooks
Brooks A&A Moving

RECEIVED
MAY 03 2004
WASH. UT. & TP. COMM.

.....

VENDOR NAME AND ADDRESS BOOTS, INC. 14931 22ND AVE W LYNNWOOD, WA 98037	AGENCY NUMBER 2150	LOCATION CODE
AGENCY P.R. OR AUTHORIZATION NUMBER REFUND		
AGENCY NAME AND LOCATION UTILITIES AND TRANSP. COMM. 1300 S. EVERGREEN PK DRIVE S.W. P.O. BOX 47250 OLYMPIA, WA 98504-7250		
FEDERAL I.D. NO. OR SOCIAL SECURITY NO. (FOR REPORTING PERSONAL SERVICES CONTRACT PAYMENTS TO I.R.S.)	RECEIVED BY BUSINESS OFFICE	DATE RECEIVED

USE SPACE BELOW AS A WORKSHEET TO DEVELOP OR EXPLAIN THE GOODS OR SERVICES PURCHASED

STAPLE INVOICES ON BACK

REVENUE REFUND \$250.00 due to OVERPAYMENT OF HHG APPLICATION.

RECEPTION OR FIELD RECEIPT NO 6529 DATED 4-13-04

TOTAL REFUND \$250.00

TINA LEIPSKI <i>Tina</i>				TELEPHONE NUMBER 664-1170				DATE 4/13/04				AGENCY APPROVAL <i>Colleen</i>				DATE			
DOC. DATE		PMT DUE DATE		CURRENT DOC. NO.				REF. DOC. NO.				VENDOR NUMBER VOD1		VENDOR MESSAGE		USE TAX		UBI NUMBER	
REF DOC SUF	TRANS CODE	M O D	FUND	MASTER INDEX APPN INDEX	PROGRAM INDEX	SUB OBJ	SUB OBJECT	ORG INDEX	WORK CLASS ALLOC	COUNTY BUDGET UNIT	CITY/ TOWN MOS	PROJECT	SUB PROJ	PROJ PHAS	AMOUNT	INVOICE NUMBER			
	198		111			02	68								\$	REFUND			
ACCOUNTING APPROVAL FOR PAYMENT										DATE					WARRANT TOTAL \$		WARRANT NUMBER		